

RECEIVED
CENTRAL FAX CENTER

OCT 03 2005

PTO/SB/97 (08-00)

Approved for use through 10/31/2002. OMB 0661-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Application Number: 09/304,035

Filing Date: 5/3/1999

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the
United States Patent and Trademark Office

on 10/03/2005

Date



Signature

Laurie Morgan

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify
each submitted paper.

1. Fee Transmittal
2. Information Disclosure Statement
3. PTO Form 1449

Total pages including cover sheet: 4

MS1-254US
(571) 273-8300

RECEIVED
OICE/AP
OCT 04 2005

*Please notify us immediately (509-324-9256) if
there is a problem with the quality of this fax.*

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case.
Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark
Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents,
Washington, DC 20231.

OCT 03 2005

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**180.00****Complete if Known**

Application Number	09/304,035
Filing Date	5/3/1999
First Named Inventor	Giorgio J. Vanzini
Examiner Name	AHSHIK KIM
Art Unit	2876
Attorney Docket No.	MS1 0254US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

- 20 or HP = _____ x 50 = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = _____ x 200 = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other: Information Disclosure Statement

Fees Paid (\$)**180.00****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	45988	Telephone (509) 324-9256
Name (Print/Type)	Mark C. Farrell	Date	10-3-05	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
CENTRAL FAX CENTER

OCT 03 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No.09/304,035
Filing Date5/3/1999
Confirmation No.9156
Inventorship Giorgio J. Vanzini
Applicant Microsoft Corporation
Group Art Unit2876
Examiner AHSHIK KIM
Attorney's Docket No. MS1-0254US
Title: PCMCIAcompliant Smart Card Secured Memory Assembly For Porting User
Profiles and Documents

INFORMATION DISCLOSURE STATEMENTReferences -- See Attached Form PTO-1449

To: Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

From: Mark C. Farrell (Tel. 509-324-9256; Fax 509-323-8979)
Lee & Hayes, PLLC
421 W. Riverside Avenue, Suite 500
Spokane, WA 99201

The attached form PTO-1449 is submitted in compliance with Applicant's duty of disclosure under 37 CFR §1.56. The Examiner is requested to make these citations of official record in this application.

The Commissioner is hereby authorized to charge payment of fees or credit overpayments to Deposit Account No. 12-0769 as set forth in 37 CFR §1.17(p).

Dated: 10-3-05

By: Mark C. Farrell
Reg. No. 45988

10/04/2005 HDEMES1 00000102 120769 09304035

01 FC:1806 180.00 DA

